

Public Sector Application

- ✓ Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process? ☐ Yes ☐ No

Employer _____ Job Order # _____

Job Title _____

PERSONAL DATA

Name _____

Present Address _____ City _____ State _____ Zip _____

Phone () - Message Phone () - E-Mail Address _____

Driver's License: Operator ☐ CDL ☐ CDL Type _____ Endorsements _____

Are you a Veteran of Military Service ☐ Yes ☐ No

EDUCATION

High School Diploma or GED? ☐ Yes ☐ No Post Secondary Degree? ☐ AA ☐ BA ☐ MA ☐ Ph.D.

Name of school beyond High School _____

Training Length _____ Date Completed _____

Major _____ Minor _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone () -

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) / To (mm/yy) / Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box City State Zip Code

Job Title _____ Phone () -

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) / To (mm/yy) / Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____
Job Title _____ Phone () - _____
Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
Complete Address _____
Street / P.O. Box _____ City _____ State _____ Zip Code _____
Job Title _____ Phone () - _____
Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

ADDITIONAL INFORMATION

Volunteer Work _____
Licenses, Certificates, special skills, etc. _____

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	() - _____
_____	_____	() - _____
_____	_____	() - _____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? ☐ Yes ☐ No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____

Applicant Survey

Title VII of the U.S. Civil Rights Act requires employers to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information you and others provide will be used to monitor recruitment and selection practices of the employer.

Because this sheet is separated from your application, please give us your name, address and phone number again. To prevent duplicate records, please answer the following questions. Thank you for your cooperation.

Name _____
First Middle Last

Mailing Address _____ City/State/Zip _____

Email _____ Home Phone _____

Other Phone Numbers (such as business, cellular) – Indicate **type** of phone.

Type _____ Phone No. _____ Type _____ Phone No. _____

Job Applied For: Job Title _____ **Date** _____

Location _____

REFERRAL SOURCE - How did you FIRST learn of this position?

- | | | |
|--|---|---|
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Job Service Posting | <input type="checkbox"/> Internet Listing |
| <input type="checkbox"/> Career/Job Fair | <input type="checkbox"/> Tribal Employment Rights Office Referral | |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Other |

☐ FEMALE ☐ MALE

ARE YOU OF HISPANIC OR LATINO ORIGIN? YES ☐ NO ☐ (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES:

RACE / ETHNIC IDENTIFICATION – Please select one or more of the following racial categories.

- ☐ **AMERICAN INDIAN or ALASKAN NATIVE** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment)
- ☐ **ASIAN** (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- ☐ **AFRICAN AMERICAN / BLACK** (A person having origins in any of the black racial groups of Africa)
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ **WHITE** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

MILITARY STATUS – Please check the one box that best describes your military status.

- | | | | | |
|--|---|---|----------------------------------|--|
| <input type="checkbox"/> No Military Service | <input type="checkbox"/> Active Reserve | <input type="checkbox"/> Inactive Reserve | <input type="checkbox"/> Retired | <input type="checkbox"/> Vietnam Veteran |
| <input type="checkbox"/> Other Veteran | <input type="checkbox"/> Disabled Veteran | | | |

Employment Information

EQUAL EMPLOYMENT OPPORTUNITY – We are an equal employment opportunity employer; we do not discriminate in employment based upon race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation or political beliefs; and implements and maintains an effective equal employment opportunity program.

APPLICATION AND SELECTION PROCESS – The process used to evaluate an applicant's qualifications may include an evaluation of the Employment Application, an interview and reference or background checks.

REASONABLE ACCOMMODATIONS – Under state and federal law, qualified applicants with disabilities are entitled to reasonable accommodations. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. If an accommodation is needed to participate in any selection process, make arrangements well in advance of the process. A description of the selection process and the essential job duties is included in the job announcement.

EMPLOYMENT PREFERENCE – The Veteran's Public Employment Preference Act and the Persons with Disabilities Public Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming preference must complete an Employment Preference Form, PD-25A, available through your local Montana Job Service Workforce Center or see the website at <http://wsd.dli.mt.gov/>. You must also provide the appropriate documentation of eligibility with the application. The required documentation may include a DD-214; a document issued by the Office of the Adjutant General of the Montana National Guard certifying service; or a PHHS Certifications of Disability form. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service Workforce Center.

IMMIGRATION REFORM AND CONTROL ACT – In accordance with the Immigration Reform and Control Act, the person selected must produce within three days of hire, documentation that he or she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D., a United States Passport, Certificate of Naturalization, a Permanent Resident Card, and Alien Registration Receipt Card (Green Card) or a Resident Alien Card.

MONTANA COMPLIANCE WITH MILITARY SELECTIVE SERVICE ACT – In accordance with the Montana Compliance with Military Selective Service Act, men selected for employment must produce documentation showing compliance with the federal Military Selective Service Act. Examples of this documentation include a registration card issued by Selective Service, a letter from Selective Service showing a man was not required to register, or information showing by a preponderance of evidence that a man's failure to register with Selective Service was not done knowingly or willfully.